## EXAMINER'S ISSUE CHECKLIST

Seri	al No: <u>/0/7/7, 479</u>				
INST	RUCTIONS: Fill out che and BEFORE it is cou				
	the application is c				
EXAM	INER:				
CIAT	MS & SPECIFICATION				
1//	All dependent claims depend from a preceding active claim				
4//	Index of claims renumbered in black ink				
	Brief Description of Drawings matches drawing figures Continuing data in specification matches cover of file				
	-0				
DRAW		•			
	O.G. Figure noted on drawings  / Issue Class/subclass noted on drawings (must agree with Blue Slip)				
4/	Yellow tag completed if required				
	Proposed drawing changes	approved/disa	pproved		
ртø.	- 892	РТО	L - 1449		
1//	Signed & dated		Signed & dated	l	
4	All blank spaces lined t	hrough	All blank spac	es lined thro	ugh
		892 in the file and write	od by the examiner, place e "none" across its face. 92 form in each allowed	There must	
OXTH.	/DECLARATION			<del></del>	
	Residence stated If any of these are omitted, attach a PTO-152 to the Post office address stated PTOL-37 and check appropriate boxes on both forms.				
4	Citizenship stated	ed FIOL-37 and ci	neck appropriate poxes of	n both torms.	
	-				
FILE	WRAPPER (All boxes filled in and initialed or signed)				
	/Interference Searched (box filled in and initialed) Continuing Data (updated, initialed and matches specification)				
d/	Foreign/PCT Data (initialed)				
	Foreign Priority condition		l initialed)		
	Claims Allowed (two boxe Drawing (3 boxes)	<b>8</b> )			
	Issue Classification (two			blue slip)	
d'	Assistant Examiner (fill	in name <u>or</u> lin	e through box)		
PRTM	ARY EXAMINER OR SPE:		APS SEARCH	CONDUCTED	
<u> </u>	BLUE SLIP		© YES	© NO	
©	PTOL - 37				
<b>©</b>	FACE OF FILE		•		
<b>©</b>	ALL SIGNATURES MATCH	(on blue slip,	PTOL-37 and fa	ce of file)	
INITI	AL THIS FORM:	Max		/ /	
<b>⊕</b> .	Assistant Examiner		Date	10/12/04	
<b>©</b>	SPE/Primary		Date		